



Application No. (if known): 10/614,723

Attorney Docket No.: 15115/080001

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on November 15, 2005
Date

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Denise M. Blocker

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(713) 228-8600
Telephone Number

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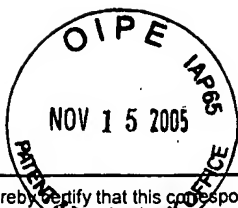
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/614,723-Conf. #7557
		Filing Date	July 7, 2003
		First Named Inventor	Tomohiko Matsushita
		Examiner Name	Not Yet Assigned
		Art Unit	2877
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	15115/080001
TOTAL AMOUNT OF PAYMENT	(\$) 1,712.00		

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>50-0591</u> Deposit Account Name: <u>Osha · Liang LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							<u>Small Entity</u>
							Fee (\$)
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
							180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
_____ - 20 = _____		x _____	= _____		Fee (\$)		Fee Paid (\$)
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
_____ - 3 = _____		x _____	= _____				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____ - 100 = _____	/50	_____ (round up to a whole number) x		_____	= _____		
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1501 Utility issue fee							1,400.00
1504 Publication fee for early, voluntary, or normal ...							300.00
8005 Patent Application Publication (PAP)							12.00

SUBMITTED BY			
Signature	<u>J. H. S. R. v. n.</u>	Registration No. (Attorney/Agent)	33,986
Name (Print/Type)	Jonathan P. Osha	Telephone	(713) 228-8600
		Date	November 15, 2005

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Dated: November 15, 2005	Signature: <u>Denise M. Blocker</u> (Denise M. Blocker)



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Dated: November 15, 2005 Signature:

Denise M. Blocker
(Denise M. Blocker)

Docket No.: 15115/080001
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Tomohiko Matsushita et al.

Confirmation No.: 7557

Application No.: 10/614,723

Art Unit: 2877

Filed: July 7, 2003

Examiner: Kara E. Geisel

For: COMPONENT, APPARATUS AND METHOD
FOR ANALYZING MOLECULES

TRANSMITTAL LETTER

MS Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced

Patent Application:

1. Fee Transmittal (1 page);
2. Part B – Fee(s) Transmittal (1 page); and
3. Change of Firm Name.

Application No.: 10/614,723

Docket No.: 15115/080001

Please charge our Credit Card in the amount of \$1,712.00 covering the required fees. Credit Card Payment Form SB-2038, with a signature from an authorized cardholder, is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0591, under Order No. 15115/080001.

Dated: November 15, 2005

Respectfully submitted,

By J. R. Osha 45,925
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